



**State of Rhode Island and Providence Plantations
Department of Health**

Cannon Building
3 Capitol Hill
Providence, RI 02908-5097

**Instructions and Application For:
Emergency Medical Technician
License**

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

THE FEE FOR THE EMT LICENSE APPLICATION IS \$62.50
and \$62.50 for EMT State License Examination, if applicable.

1. Please use a **ball-point type pen** when completing these forms.
2. Please answer **all** questions. **Incomplete questions or incomplete applications will not be processed** and your license/permit will **not** be approved (Please mark **N A** on questions that are "Not Applicable").
3. **Do NOT detach any full pages** from this booklet.
4. Make cashier's check, or money order, payable to: **General Treasurer,
State of Rhode Island.**
5. **Sign the application** and return it with the required fee(s) of \$62.50 for the EMT License Application and \$62.50 for EMT State License Examination, if applicable.

Mail to:

*RI Department of Health
3 Capitol Hill, Room 105
Providence RI 02908-5097*

Please note: Extra postage will be required.



Do NOT hand-deliver, this application to the Department of Health

**IMPORTANT: Instructions and Requirements for EMT
Licensure continues on the next 3 pages**



Instructions/Requirements for EMT Licensure

The Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS) establish the following requirements for EMT Licensure. Applicants for licensure to function as an Emergency Medical Technician must be eighteen years of age or over and be of good moral character. In addition, applicants must provide a current course certificate which demonstrates evidence of successful completion of a Healthcare Provider or equivalent level CPR as conducted by the American Heart Association, American Red Cross or National Safety Council. All applicants are required to successfully complete the specific examination, if applicable, for the level of licensure for which they are applying.

Each applicant must declare his or her affiliation, if any, with an ambulance service licensed in this state. Verification of affiliation is obtained by the Department/Service Chief signature in the designated section of the application booklet. EMT-Basic (EMT-B) and EMT-Cardiac (EMT-C) licenses are currently issued with expiration dates assigned according to each candidates' affiliation with a particular department/service. The schedule of department/service license expiration dates is available from the Division of EMS. Candidates with no affiliation should indicate NA (not applicable) on the EMT license application and an expiration date will be assigned accordingly. Once an EMT license is issued, the expiration date will not be changed for the term of the license. EMT-Paramedic (EMT-P) licenses are issued for the term of the NREMT-P registration.

Applicants for an **Emergency Medical Technician-Basic (EMT-B)** license must provide the following documentation:

1. Successful completion of a Department-approved Emergency Medical Technician Basic Training course conducted under the supervision of an EMS Instructor –Coordinator. In the absence of a current EMT-Basic license from a Department-approved jurisdiction or current registration as an EMT-Basic by the National Registry of Emergency Medical Technicians at the time of licensure application, this training must have been completed within five years of the date of application. Applicants must have completed a course based upon the 1994 National Standard Curriculum: Basic. Any applicant who completed the EMT-A National Standard Curriculum shall be required to successfully complete a Department-approved EMT-Basic Refresher Training Program, based upon the 1995 National Standard Curriculum EMT Basic Refresher Training Program.

Applicants for an **Emergency Medical Technician-Cardiac (EMT-C)** license must provide the following documentation:

1. Successful completion of a Department-approved Emergency Medical Technician-Ambulance (EMT-A) or Emergency Medical Technician-Basic Training (EMT-B) program.
2. Successful completion of a Department-approved Emergency Medical Technician-Cardiac (EMT-C) Training program. This training must have been completed within five years of the date of license application.

Applicants for an **Emergency Medical Technician-Paramedic (EMT-P)** license must provide the following documentation:

1. Successful completion of a Department-approved Emergency Medical Technician-Ambulance (EMT-A) or Emergency Medical Technician-Basic (EMT-B) Training program.
2. Successful completion of a Department-approved Emergency Medical Technician-Paramedic (EMT-P) Training program.
3. Current registration as a paramedic by the National Registry of Emergency Medical Technicians.

Out-of-state applicants for EMT licensure who are not currently registered with the National Registry of EMTs, and are currently licensed as an EMT in another state may be licensed in this state by successfully passing the Department-approved written and practical licensure examinations in the specific level which he/she was trained for in the out-of-state program as may be deemed equivalent to RI levels of licensure. In addition, applicants must submit the following documentation:

1. Successful completion of the out-of-state training program specific to the level for which the applicant is seeking licensure.
2. Proof that the out-of-state training program is equivalent to the training program offered in this state at the time of application. This may be accomplished by submitting a course syllabus, curriculum or equivalent.
3. Proof of training in the use of the Esophageal Obturator Airway (EOA) and the Pneumatic Anti-Shock Garment (PASG or MAST). Required for EMT-Basic licensure.

Pursuant to Section 23-4.1-10, the Department of Health established the following fee schedule specific to EMT Licenses and Examinations.

<u>License</u>	<u>Fee</u>
EMT license application fee	\$ 62.50
A) EMT examination	\$ 62.50
B) Re-examination (as needed)	\$ 43.75

Per Section 23-4.1-10, the following categories of R. I. Licensed EMS providers are exempt from these fees:

- city or town services, vehicles and their employees
- volunteer or not-for-profit organization services, vehicles and individuals providing services therein
- fire district service, vehicles and individuals providing services therein

An application fee, if applicable, of sixty-two dollars and fifty cents (\$62.50) made payable by cashier's check or money order, to the General Treasurer, State of Rhode Island, must accompany the EMT license application. In addition, for those applicants required to successfully complete a state EMT license

examination, an examination fee, if applicable, of sixty-two dollars and fifty cents (\$62.50) must accompany the EMT license application. (Note: these fees are non-refundable.)

Applicants for Initial Licensure must provide:

1. Two photostatic copies (front and back) of a current Healthcare Provider level or equivalent cardiopulmonary resuscitation (CPR) card as conducted by the American Heart Association, American Red Cross or National Safety Council.
2. Photostatic copy of transcript, diploma or certificate from the sponsoring agency/school verifying completion of the EMT training program specific to the level of licensure application.
3. Documentation of EOA-PASG (MAST) Training (**Required for EMT-B license**).
4. Photostatic copy of EMT license from a state other than Rhode Island, if applicable.
5. Photostatic copy of current registration with the National Registry of Emergency Medical Technicians if applying for EMT-Basic reciprocity. **This is required for EMT-Paramedic licensure.**
6. Obtain the signature of the department/service chief, if affiliated with a RI EMS Department/Service.

The Division of Emergency Medical Services will verify the out-of-state EMT license and National Registry of EMTs registrations. Licensure is an individual responsibility and not the responsibility of your employer or supervisor. EMT licensure can be denied pursuant to the provisions of the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS). False/incorrect statements or documents may be considered sufficient cause to deny or revoke a license as an EMT in Rhode Island and may result in additional penalties as determined by law.

Should you have any questions regarding the EMT license requirements or the completion of the application form, contact the Division of Emergency Medical Services at **(401) 222-2401**.

You **MUST** select the level of EMT Licensure that you are applying for (Check One):

☐ EMT - Basic (B)

☐ EMT - Cardiac (C)

☐ EMT - Paramedic (P)

Business Fax



State of Rhode Island and Providence Plantations
Department of Health

License Application for Emergency Medical Technician

Please Block Print Only. - Do Not Use Felt-Tip Pens

7. Preferred
Mailing
Address

Please check ONE

- ☐ Please use my Home Address as my preferred mailing address
- ☐ Please use my RI EMS Department/Service Affiliation as my preferred mailing address

8. Qualifying
Education

NOTE:

EMT License Applicants
are NOT required to
answer this question.
Please SKIP to
Question #9

N A

Type of School (University, College, Trade/Technical School etc.)

Name of School

Date Enrolled: Date Graduated:

Month Day Year Month Day Year

Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)

Major

Specialty/Type

Credit Hours

9. Other State
License(s)

Please answer the
question and list
state(s), if applicable

- A. Have you ever held, or do you currently hold, a license in another state? ☐ Yes ☐ No
- If the answer to this question is "yes", please list the state abbreviation(s) below:
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- Other State Other State Other State Other State Other State Other State Other State Other State

10. Disciplinary
Questions

Check either Yes or
No for each question.

NOTE: If you answer
"Yes" to any question,
you are required to
furnish complete
details, including date,
place, reason and
disposition of the
matter.

Please use the
"Additional
Information Page" in
this booklet to explain
your answer(s).

- A. Have you ever been convicted of a violation of, or pled Nolo Contendere to any Federal, State or local statute, regulation or ordinance, or entered into a plea bargain related to a felony (including convictions for driving under the influence), or related to the manufacture, distribution, possession, prescribing, administering or dispensing of drugs presently defined as controlled substances under (Chapter 21-28) of the General Laws of Rhode Island? ☐ Yes ☐ No
- B. Have you ever had any disciplinary action(s) taken, or is any pending, against your: LICENSE TO PRACTICE, DEA PERMIT, STATE CONTROLLED SUBSTANCES REGISTRATION, MEDICARE PRIVILEGE, MEDICAID PRIVILEGE, OR ARE ANY COMPLAINTS PENDING in the State of Rhode Island or any other state? ☐ Yes ☐ No
- C. Have you ever had a membership in a professional society revoked, suspended, or limited in any manner or have you voluntarily withdrawn while under investigation? ☐ Yes ☐ No
- D. Has an EMS Department/Service, for any reason, ever suspended, restricted, or placed on probation your EMS privilege to practice? ☐ Yes ☐ No
- E. Have you had any malpractice suits brought against you in the past ten years in which an award/settlement of at least \$30,000.00 has been rendered against you? ☐ Yes ☐ No

Note: If you answered "yes" to any of these questions, you must complete the "Additional Information Page"

If you answered "Yes" to any of the Questions in #10, you must complete the Additional Information Page. If you answered "No" to All of Question #10, then proceed to Question #11.



Note: The Course Approval Number was either given to you at your training course, or may be obtained by contacting the EMS Licensed Instructor-Coordinator who provided your training.

Check the box(es) below to indicate which question you are answering

☐ Question #10A ☐ Question #10B ☐ Question #10C ☐ Question #10D ☐ Question #10E

Detailed Information for Question #10

Please use the spaces provided below to explain the details of any questions that you answered “Yes” to in Question #10. Please give details regarding the date, place, reason and disposition of the matter. You may use the front and back of this sheet to provide your answer(s). If you answered “No” to ALL of Question #10, then proceed to the EMT License Checklist Page.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

[illegible]

State of Rhode Island and Providence Plantations
Department of Health



License Application for Emergency Medical Technician

Please Block Print Only. - Do Not Use Felt-Tip Pens. - Complete Checklist Information Below.

EMT LICENSE CHECKLIST
(You MUST Check All Boxes That Apply)

In accordance with the Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS), I hereby attest that I have completed the training and application requirements for EMT Licensure, and I am enclosing copies of the following documents:

- ☐ Two photostatic copies (front and back) of a current Healthcare Provider level or equivalent cardiopulmonary resuscitation (CPR) card as conducted by the American Heart Association, American Red Cross or National Safety Council.
- ☐ Photostatic copy of transcript, diploma or certificate from the sponsoring agency/school verifying completion of the EMT training program specific to the level of licensure application.
- ☐ Proof that the out-of-state training program is equivalent to the training program offered in this state at the time of application. This may be accomplished by submitting a course syllabus, curriculum or equivalent.
- ☐ Documentation of EOA-PASG (MAST) Training (Required for EMT-B license).
- ☐ Photostatic copy of EMT license from a state other than Rhode Island, if applicable.
- ☐ Photostatic copy of current registration with the National Registry of Emergency Medical Technicians if applying for EMT-Basic reciprocity. This is required for EMT-Paramedic licensure.

Attached application fees (if applicable):

- ☐ EMT license application fee (\$62.50)
- ☐ EMT license examination fee (\$62.50)
- ☐ Verification of RI EMS Department/Service (if applicable,).

Verification of RI EMS Department/Service

I HEREBY CERTIFY THAT _____ IS A BONAFIDE MEMBER OF MY EMS SERVICE DEPARTMENT AND THAT SAID AFFILIATION IS TRUE AND ACCURATE.

Signature of Chief

Date

Printed name of Chief

State of Rhode Island and Providence Plantations
Department of Health



License Application for Emergency Medical Technician

Signature Page - Please Read the Affidavit, Sign and Date Your Application Below

12. **Affidavit of
Applicant**

Complete and sign
this section. Make
sure that you have
completed all
components
accurately and
completely.

AFFIDAVIT AND SIGNATURE PAGE

This Application Must be Signed

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my License in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

Please review the following before submitting your

License Application:

APPLICATION REVIEW LIST

1. I have read and understood the "Instructions for Completing the License Application."
2. I have answered all questions and **signed** the license application, as required.
3. I have enclosed a **cashier's check** or **money order** made payable (in U.S. funds only) to the **General Treasurer, State of Rhode Island**. The fee for the EMT License Application is **\$62.50**, and **\$62.50** for EMT State License Examination, if applicable; and the cashier's check or money order is attached to the upper left-hand corner of the cover of the application.
4. **Mail** the completed application to the Department of Health.

FOR DEPARTMENT OF HEALTH USE ONLY

DIVISION OF EMERGENCY MEDICAL SERVICES

APPROVED/DENIED BY _____

DATE APPROVED/DENIED _____

EXPIRATION DATE _____

COMMENTS _____

State of Rhode Island and Providence Plantations



DEPARTMENT OF HEALTH

Office of the Director

Cannon Building

3 Capitol Hill

Providence, RI 02908-5097

Mandatory Addendum to License Application

Verification of Social Security Number/Federal Employer Identification
Number and affidavit concerning taxpayer status

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date

Social Security Number (SSN) or Federal
Employer Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

This form MUST be completed, signed and attached to your license application in order for us to process your application.